

FILED

APR 24 2014

UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF FLORIDA
ORLANDO DIVISIONCLERK U.S. BANKRUPTCY,
ORLANDO DIVISION

In re:

CASE NO.: 14-01253-6A3

JOSIANE G. SWARTZ

Debtor(s).

_____ /

_____ Chapter 13 Plan X Amended Chapter 13 Plan

COMES NOW, the Debtor(s) and files this Chapter 13 Plan. The projected disposable income of the Debtor(s) is submitted to the supervision and control of the Chapter 13 Standing Trustee, and the Debtor(s) shall pay the following sums to the Chapter 13 Standing Trustee:

PLAN PAYMENTS

Payment Number by months Amount of Monthly Plan payment

1- 60 50/ Month for 60 months \$3000

The Debtor(s) shall pay by money order, cashier's check or wage deduction, to Laurie K. Weatherford, Chapter 13 Standing Trustee, P.O. Box 1103, Memphis, Tennessee 38101-1103. The Debtor(s) name and case number must be indicated clearly thereon and received by the due dates for payments established by court order.

PAYMENT OF CLAIMS THROUGH THE PLAN**Attorney Fees**

<u>Attorney Name</u>	<u>Claim Amount</u>	<u>Payment Amount</u>	<u>Payment Month Numbers</u>
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N/A

Priority Claims

The fees and expenses of the Trustee shall be paid over the life of the Plan at the rate allowed as governed by the guidelines of the United States Trustee and

<u>Name of Creditor</u>	<u>Claim Amount</u>	<u>Payment Amount</u>	<u>Payment Month Numbers</u>
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Secured Claims

<u>Secured Creditor</u>	<u>Claim Amount</u>	<u>Payment Amount</u>	<u>Payment Month Numbers</u>
WORLD OMNI	30000	in full Outside of banruptcy by spouse of debtor	

Secured Arrearage

<u>Name of Creditor</u>	<u>Claim Amount</u>	<u>Payment Amount</u>	<u>Payment Month Numbers</u>
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Secured Gap Payments

<u>Name of Creditor</u>	<u>Claim Amount</u>	<u>Payment Amount</u>	<u>Payment Month Numbers</u>
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Property to Be Surrendered:**Creditor Name:****Property Address:****Valuation of Security:**

<u>Name of Creditor</u>	<u>Claim Amount</u>	<u>Payment Amount</u>	<u>Payment Month Numbers</u>
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(motion to value must be filed consistent with plan treatment)

Executory Contracts:**The following Executory Contracts are assumed**

<u>Name of Creditor:</u>	<u>Description of Collateral:</u>	<u>Month Numbers:</u>
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The following Executory Contracts are rejected:

Name of Creditor:

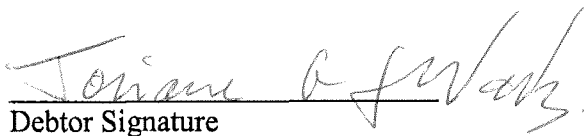
Description of Collateral:

Unsecured Creditors: whose claims are allowed shall receive a pro rate share of the balance of the funds remaining after payments to Priority and Secured Creditors are made. Approximate percentage: _____%

Property of the Estate reverts in the Debtor(s) upon confirmation of the plan, OR upon completion of all plan payments and the discharge of Debtor(s).

CERTIFICATE OF SERVICE

I/We hereby certify that a true and correct copy of the Amended Chapter 13 Plan of Debtor(s) was furnished by United States mail, postage prepaid, to All Creditors and Parties in Interest as listed on the Court's Matrix as attached, this _____ day of April 22 2014,


Debtor Signature

Debtor Signature

Attorney for Debtor
(name, address)